**(This form will be used for any student going to abroad for education)**

|  |  |
| --- | --- |
| Academic Year |  |
| ID Number |  |
| Student Number |  |
| Student’s Name and Surname |  |
| Faculty/Department |  |
| Partner University |  |
| Country |  |

During her/his study at Partner University, in the 20...- 20... academic year ............ semester, the student will

attend the following courses which are tabulated on the Host University column:

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Host University** | | | | | | **Home University** | | | | | |
|  | **Course Code** | **Title of the Courses student will take in the host University during her/his stay** | **Credits** | | | | **Course Code** | **Title of the**  **Courses in the home University, which correspondent to the courses will be taken in the host University** | **Credits** | | | |
| **T** | **P** | **C** | **ECTS** | **T** | **P** | **C** | **ECTS** |
| **Selected Courses from Host University. If these courses offered and program is suitable, the student must take them.** |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | **TOTAL** |  |  |  |  |  |  |  |  |  |  |  |
| **Extra courses if above courses are not offered** |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |

T: Weekly Theoretical hours of the course, P: Weekly Practical/laboratory hours of the course, C: Local Credit of the course, ECTS: European Credit Transfer Systems

**Note:**

1. All students going abroad within the scope of the Exchange Program (Erasmus/MoU) are required to fill in this form.
2. The eligibility of ECTS and local credits need to be taken into account when applying for a course. The system assigns additional slots for exemption from a course, if the credits taken are not sufficient.

**We confirm that this proposed program of study is approved.**

|  |  |  |
| --- | --- | --- |
| **Student’s Name, Signature**  **and Date**  ……………………. | **Faculty Erasmus Coordinator’s**  **Name, Signature and Date**  …………………………………………………… | **Department/Program**  **Head's Name, Signature and Date**  …………………………………………………… |